PTO/SB/01 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

**GKNG 1272 PCT** 

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Attorney Docket Number

DECLARATION FOR	R UTILITY OR	First Name of Inc.		ARNE BERGER, ET	AL.			
DESIG			First Named Inventor					
PATENT APPL		CO	<i>MPLETE IF</i> T					
(37 CFR 1	.63)	Application Num	ber	APPLIE	ED FOR			
Declaration	Declaration	Filing Date	HERE	WITH				
Submitted OR with Initial	Submitted after Initia Filing (surcharge	Group Art Unit						
Filing	(37 CFR 1.16 (e)) required)	Examiner Name			<i>_</i>			
As a below named inventor, I he	reby declare that:							
My residence, mailing address, and	d citizenship are as state	d below next to my name	e.					
I believe I am the original, first and names are listed below) of the sub	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
LONGITUDINAL PLUNGING UNIT WITH CAGE SECURING MEANS								
the annuitantion of which	(Title of th	e Invention)						
the specification of which								
is attached hereto		•						
OR								
was filed on (MM/DD/YYYY)		as United Sta	ates Application	on Number or PCT I	nternational			
					٦			
Application Number	and was ar	mended on (MM/DD/YY)	$\sim$		(if applicable).			
	·				_			
I hereby state that I have reviewed amended by any amendment spec	and understand the con ifically referred to above	tents of the above identi	fied specifica	tion, including the cla	aims, as			
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became ava	ailable between the filing	defined in 37 date of the p	CFR 1.56, including rior application and t	for continuation- the national or			
I hereby claim foreign priority bene	ofits under 35 U.S.C. 119	9(a)-(d) or (f) or 365(b)	of any foreigr	application(s) for p	atent, inventor's			
or plant breeder's rights certificate than the United States of America patent, inventor's or plant breeder	e(s), or 365(a) of any Po a. listed below and have	CT international applicat e also identified below.	ion which de by checking	signated at least or the box, any foreigi	ne country other name			
application on which priority is clair		·····						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime		py Attached? NO			
PCT/EP 2005/008000	EPO	07/22/2005			<u> </u>			
10 2004 039 641.8	Germany	08/16/2004			<u>~</u>			
Additional foreign application	numbers are listed on a	supplemental priority dat	a sheet PTO	SB/02B attached he	ereto:			

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# **DECLARATION** — Utility or Design Patent Application

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ROBERT P. RENKE ARTZ & ARTZ, P.C. Name							
28333 TELEGRAPH ROAD SUITE 250 Address							
SOUTHFIELD City	State	MI e		ZIP 48034	ZIP 48034		
U.S.A. Country	Telep	248-223- phone	9500		_	248-223 <b>Fax</b>	3-9522
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name ARM (first and middle [if any])	VE			ily Name urname		BERGE	R
Inventor's Signature						Date	
MUCH Residence: City		State		GERMANY Country		Citizenship	GERMAN
ROSSHOHN 3 Mailing Address	_						
City		State		ZIP D	-53804	Country	GERMANY
NAME OF SECOND INVENTOR:		A petition has	s bee	n filed for	this uns	igned invento	r
Given Name OL (first and middle [if any])	-F			ly Name ırname		WOLF	
Inventor's Signature						Date	
SIEGBURG Residence: City		State		GERM/	ANY	Citizenship	GERMAN
WOLSDORFER STRASSE 133 Mailing Address							
SIEGBURG		State	];	D-5 <b>ZIP</b>	3721	Country	GERMANY
$\checkmark$ Additional inventors are being named on the $\frac{1}{2}$	sup	plemental Addition	onal In	ventor(s) she	eet(s) PTC	)/SB/02A attach	ed hereto.

PTO/SB/02A (09-04)
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ADDITIONAL INVENTOR(S)

DECLARATION	Supplemental Sheet Page 3 of 3						
Name of Additional Joint Inventor, if any	<b>,</b> :		A pe	tition h	nas been filed for this ur	signed	inventor
Given Name (first and middle (if any))			Family Name or Surname				
STEPHAN			MAUCHER				
Inventor's Signature						Date	
SIEGBURG Residence: City	St	ate		GERM Coul		GERM/ Citize	
SCHARNHORSTSTRASSE 6							
Mailing Address					T		
SIEGBURG City	St	ate			D-53721 Zip	GERM/ Count	
Name of Additional Joint Inventor, if any	<b>/</b> :		A pe	tition h	nas been filed for this ur	signed	inventor
Given Name (first and middle (if any))	Family Name or Surname						
HEIKO			KOSSACK			, ·	
Inventor's Signature						Date	
KÖLN					GERMANY		GERMAN
Residence: City	St	ate	<del></del>	i	Country		Citizenship
FROHNHOFSTRASSE 24  Mailing Address							
KÖLN					D-50827	GERMA	
City	St	ate		-	Zip	Count	.ry
Name of Additional Joint Inventor, if any	<u>/:</u>		A pe	tition h	nas been filed for this ur	signed	inventor
Given Name (first and middle (if any))			Family Name or Surname				
ROBERT			SANDIG				
Inventor's Signature						Date	
SONTHOFEN Regidence: City	C+	ate			GERMANY Country		GERMAN Citizenship
Residence: City ARNIKAWEG 97	<u> </u>	aic			Country		Onizerianip
Mailing Address					·		
SONTHOFEN	Ç,	ate			D-87527	GERM/	

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Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ARNE BERGER, ET AL.
Title	LONGITUDINAL PLUNGING UNIT WITH CAGE SECURING MEANS
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1272 PCT

I her	eby revoke al	l previo	ous powers of attorney gi	ven in the ab	ove-ide	entified applic	ation.	
I her	eby appoint:	•		<u> </u>				
<b>V</b>	Practitioners as	sociated	with the Customer Number:		027	256		
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			s) to prosecute the application	identified above	, and to t	ransact all busin	ess in the	United States Patent and
Trade	mark Office con	nected th	erewith.					
	e recognize or cl	nange the	e correspondence address for t	he above-identi	fied appli	cation to:		
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l <u>am</u>					1 01	L		
V	Applicant/Inv	entor.						
	• •		the entire interest. See 37 CFR	R 3.71.				
	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record								
Signa	ture	ROBER	T SANDIG				Date	
Name							Telephone	
Title a	and Company							
	: Signatures of all ture is required, see		rs or assignees of record of the ent	ire interest or their	represent	tative(s) are require	d. Submit n	nultiple forms if more than one
V	*Total of 5		forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ARNE BERGER, ET AL.
Title	LONGITUDINAL PLUNGING UNIT WITH CAGE SECURING MEANS
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1272 PCT

I hereby revoke a	II previo	ous powers of attorney giv	en in the ab	ove-ide	entified applic	ation.		
I hereby appoint:								
Practitioners as	ssociated	with the Customer Number:		027	256			
Practitioner(s) named below:								
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Please recognize or o	hange the	e correspondence address for the	ne above-identif	fied appli	cation to:			
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I am the:  Applicant/Inv	ventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	ARNE E	BERGER				Date		
Name						Telephone		
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of 5		forms are submitted.						

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I hereby appoint:						
Practitioners associated with the Customer Number:	027256					
OR						
Practitioner(s) named below:						
Name Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identification identification identification identification identification identification.	fied above, and to transact all business in the United States Patent and					
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I am the:  Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S						
SIGNATURE of Applicant or Assignee of Record						
Signature OLAF WOLF	Date					
Name	Telephone					
Title and Company						
NOTE: Signatures of all the inventors or assignees of record of the entire inte signature is required, see below*.	rest or their representative(s) are required. Submit multiple forms if more than one					
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I hereby revoke a	II previo	us powers of attorney gi	ven in the ab	ove-ide	entified applic	ation.	
I hereby appoint:							
	sociated	with the Customer Number:		027	256		
OR ————————————————————————————————————							
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as my/our attorney(s) Trademark Office con	or agent(	s) to prosecute the application erewith.	identified above,	and to t	ransact all busin	ness in the l	United States Patent and
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Applicant/Inv	entor.						
		the entire interest. See 37 CFR	R 3.71.				
Statement u	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record							
Signature	STEPH	AN MAUCHER			· · · · · · · · · · · · · · · · · · ·	Date	
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NOTE: Signatures of all signature is required, see	the invento e below*.	rs or assignees of record of the ent	ire interest or their	represent	tative(s) are requir	ed. Submit m	nultiple forms if more than one
*Total of 5		forms are submitted.					

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First Named inventor	ARNE BERGER, ET AL.
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Examiner Name	
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I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:								
<b>✓</b> Practition	Practitioners associated with the Customer Number:			027256				
OR								
Practitioner(s) named below:								
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
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Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	HEIKO	KOSSACK				Date		
Name						Telephone		
Title and Com								
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